

IN THE UNITED STATES DISTRICT COURT  
FOR THE Southern DISTRICT OF TEXAS  
Galveston DIVISION

Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983

United States Courts  
Southern District of Texas  
FILED

OCT 27 2017

David J. Bradley, Clerk of Court

Jacdie L. Staley #1886483  
Plaintiff's name and ID Number

Jester 3, 3dester, Rd. Richmond, TX 77406  
Place of Confinement

Ortega Barnett, Juan MD.

CASE NO: \_\_\_\_\_  
(Clerk will assign the number)

v. The University of Texas medical Branch

301 University Blvd. Galveston, Texas, 77555  
Defendant's name and address

Branch, Daniel Williams, MD The University of Texas medical Branch  
Defendant's name and address 301 University Blvd. Galveston, Texas, 77555

Patel, Achal Parsotam, MD. The University of Texas Medical Branch  
Defendant's name and address 301 University Blvd. Galveston, Texas, 77555  
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

## FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of **\$350.00**.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire **\$350** filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

## CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

### I. PREVIOUS LAWSUITS:

- A. Have you filed any other lawsuits in the state or federal court relating to imprisonment? \_\_\_\_\_ YES ☒ NO
- B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
1. Approximate date of filing lawsuit: \_\_\_\_\_
  2. Parties to previous lawsuit:  
Plaintiff(s): \_\_\_\_\_  
Defendant(s): \_\_\_\_\_
  3. Court (If federal, name the district; if state, name the county) \_\_\_\_\_
  4. Docket Number: \_\_\_\_\_
  5. Name of judge to whom case was assigned: \_\_\_\_\_
  6. Disposition: (Was the case dismissed, appealed, still pending?) \_\_\_\_\_  
\_\_\_\_\_
  7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: Lester 3, 3d Lester R.D. Richmond, TX. 77406

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? ☒ YES ☐ NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THE SUIT:

A. Name of address of plaintiff: Jackie L. Staley #1886483 Lester 3, Unit  
3d Lester R.D. Richmond, TX. 77406 #7003090

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Ortega Barnett, Juan, MD, Surgeon, John Sealy Hospital  
The University of Texas Medical Branch, 301 University Blvd. Galveston, TX. 77555  
Neurosurgery  
Page # 02386 T3

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Cervical Cord Compression C4-6 laminectomy  
Traumatic Change, living independently, to assisted living paralyzed in a wheel chair

Defendant #2: Branch, Daniel Williams, M.D. Assistant or Teaching Residents of  
The University of Texas Medical Branch  
301 University Blvd., Galveston, TX. 77555  
John Sealy Galveston Hospital  
Page # 243513

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Cervical Cord Compression C4-6 laminectomy  
Traumatic Change, living independently, to assisted living paralyzed in a wheel chair

Defendant #3: Patel, Achal Parsotam, MD. Assistant or Teaching Residents of  
The University of Texas Medical Branch  
301 University Blvd., Galveston, TX. 77555  
John Sealy Galveston Hospital  
Page # 237445

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Cervical Cord Compression C4-6 laminectomy  
Traumatic Change living independently, to assisted living Paralyzed in a wheel chair

Defendant #4: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Defendant #5: \_\_\_\_\_

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal argument or cite any cases of statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

I went to Hospital Galveston for the Orthopedic doctor's to fix  
or to have surgery on my broken right Shoulder. But instead the Orthopedic  
doctor and the Neuro Surgeon did surgery on my neck and I came out paralyzed  
10-13-15 with loss of lower body function and control abilities. This is with  
extra attach page's. Life Changing living unable to ever day need  
Assistance.

## VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite not cases or statutes.

Financial Compensation for perminate disabilities and loss of control lower body function's  
and abilities and needed supply's to function because of this! with assistance daily living

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

Jackie L. Staley

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if know to you.

# 792265, #93207, #1460008, #1886483

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ☐ YES ☒ NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (If federal, give district and division): \_\_\_\_\_

2. Case Number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied? ☐ YES ☒ NO

C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_ YES ☒ NO

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): \_\_\_\_\_
2. Case number: \_\_\_\_\_
3. Approximate date warning were imposed: \_\_\_\_\_

Executed on: 10.24.17  
(Date)

Jackie Staley  
(Printed Name)  
Jackie Staley  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire **\$350** filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this 24 day of 16, 20 17.  
(Day) (Month) (Year)

Jackie L. Staley  
(Printed Name)  
Jackie Staley  
(Signature of Plaintiff)

**WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limbed to monetary sanctions and/or the dismissal of this action with prejudice.**



# Texas Department of Criminal Justice

## STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: 2017094124  
 Date Received: 2/23/17  
 Date Due: 4/9/17  
 Grievance Code: 624  
 Investigator ID #: T2062  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: \_\_\_\_\_

Offender Name: Jackie Staley TDCJ # #1886483  
 Unit: Jester 3 Housing Assignment: 14-19  
 Unit where incident occurred: Jester 3

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? MS. Onwukwe NP When? 2-7-17

What was their response? There not we can do! Your paralyzed!

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On the date listed, I've seen the unit provider MS. Onwukwe and ask to know  
when i was going to see the Neuro-surgeon because I was having pain in my neck. MS. Onwukwe  
then layed me in MS. Onwukwe and I then spoke about my neck pain and why i was  
having pain. i was told then that there is noting we or John Seely can do for you because you  
are paralyzed. I was sent to a Neuro-surgeon and was interviewed on Oms by "UTMB." at  
that point \* I was Refused for Corrective Surgery and was Referrd back to my unit provider  
"Dr. Friedman". Dr. Friedman then order muscle relaxer was not working. All of this pain i am in  
is do to Hospital Galveston U.T.M.B. I was sent to Hospital Galveston for surgery on my Right Shoulder  
Original but Hospital Galveston did Surgery on my neck area, This Surgery paralyzed me "waist down"  
and my Right Shoulder not once recieved any Surgery at all. UTMB took it upon there self to  
operate on my neck not my broken Right Shoulder Not recalted at all... I am refering to Grievance  
#2015140262 #2016069768 #2016056468 #2016077514 #2016077514 #2016069768 #2016070300  
I force to live the rest of my life in a wheel chair, I fear any surgery after this point. I am  
Force to be in a wheel chair by UTMB Hospital Galveston on the operate report # UH700309Q  
Facuty Surgeon: Dr. Juan Ortega-Barnett MD. Resident Surgeon Achell Parsotam-Patel MD  
(Res) never told me that a risk was me being paralyzed - not at any time did anyone state it  
at the time i was lie to, the MD'S used me as a test (TIP) test pig to do what they  
pleese and lie to me to do so. - #2015140262 #2016069768 #2016184287 #2015140262  
#2016090300 #2016069768 #2016077514 #2016077514 #2016056468 #2016056468

Action Requested to resolve your Complaint.

NO surgery, but I would like further action

to be take.

Offender Signature:

Jackie Haley #1886483

Date:

2.21.17

Grievance Response:

This grievance has been reviewed by Justin Thomas Practice Manager. A referral was made to HG to provide access to care. Keep this appointment in the future to see Neurosurgery service. No further action required. Grievance unsubstantiated.

Signature Authority:

JD

Date: 4/3/17

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

~~Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.~~

Medical Signature Authority: \_\_\_\_\_

I-127 Back (Revised 11-2010)

### OFFICE USE ONLY

Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



Texas Department of Criminal Justice

STEP 2

OFFENDER  
GRIEVANCE FORM

Offender Name: Jarline Staley TDCJ # #1886483  
Unit: Jester 3V Housing Assignment: 14-19  
Unit where incident occurred: Jester 3

OFFICE USE ONLY

Grievance #: 2017094124  
UGI Recd Date: 4/28/17  
HQ Recd Date: MAY 08 2017  
Date Due: 6-12  
Grievance Code: 624  
Investigator ID#: \_\_\_\_\_  
Extension Date: \_\_\_\_\_

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I disagree with the Step 1 Grievance, Because I was referral to Hospital Galveston to see the Neuro Surgeon. I was on ehain and I arrive at Hospital Galveston on April 14, 2017. And Hospital Galveston avoided my complaint, and issue by Changeing my Opointment on arrival from Neuro Surgeon to GI Surgeon that discuss Stomach problem not Spinal problem which is my complaint, At the return to my Unit, I sent a medical request to the practice manager Justin Thomas and ask why I seen a GI Surgeon not a Neuro Surgeon, and why they Changed my apointment. As of this Grievance, I haven't got a responds back from the practice manager Justin Thomas!



Offender Signature: \_\_\_\_\_

Grievance Response: \_\_\_\_\_

*Jackie Staley* #1886483

Date: \_\_\_\_\_

4-20-17

In your Step 1 medical grievance, you stated you have been denied appropriate medical care for pain in your neck. You are requesting to have no surgery, but have other action taken.

Review of the health record reveals documentation to support the response at Step 1. The documentation shows a referral was submitted on 05/17/2017. The referral was approved and an appointment is pending for late May 2017. While you have the right to refuse medical treatment in accordance with Correctional Managed Health Care Policy I-71.1, such refusals can limit the provider's ability to treat you for your medical complaint and may affect your overall health. It is within your best interest to participate in your own treatment plan by attending all scheduled appointments and by taking all medications as prescribed.

You may submit a Sick Call Request to medical if you feel your condition requires further evaluation.

TDCH HEALTH SERVICES DIVISION  
OFFICE OF PROFESSIONAL STANDARDS  
STEP II MEDICAL GRIEVANCE PROGRAM

Signature Authority: \_\_\_\_\_

Date: \_\_\_\_\_

5-22-17

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.\*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments.\*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

#### OFFICE USE ONLY

Initial Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission

CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

There's a history of me going back and forth to Hospital Galveston at John Sealy for falling down. Since the begining of May 13, 2014 thru July 20, 2015. About August 2015, I SUFFER a Serious Fall on Hutchins Unit in Dallas, TX. Where I broke my right shoulder or injure it from all the time I fall down while currently, incarcerated. I seen my provider on Hutchins Unit, Doctor Tito Orig and NP Neil Beckstrom, Doctor Orig examine my right shoulder and decided to make a Schedule to see Orthopedice doctor at John Sealy. There on the 9.9.15 thru 9.28.15 the Orthopedice doctor Siva R. Bodegala MD. had my right shoulder Xray and his finding where: Ossific densities are the lateral aspect of the clavicle likely due to a remote injury, no acute fracture is seen. He told me the gleno humeral joint and acromioclavicular joint was still in tact. Anatomic alignment is seen. While I was there the Orthopedice doctor and some more doctors wanted to know more about the pain I was having, the numbness in my 4<sup>th</sup> and 5<sup>th</sup> finger of my right hand. So the orthopedice and the Resident Surgeon or the Assistant had a MRI and Cat Scan to see if I had a blockade in my brain, no blockade! Now there was a MRI and Cat Scan of my neck. The Doctor's said the MRI Showed: Narrowing of the Cervical Canal Stenosis at C4-C6. The doctor's said my Spinal cord was swollen that the result is the neck pain, headaches, and numbness of the right 4<sup>th</sup> and 5<sup>th</sup> finger. Now the doctor's wanted to do a Emergency Spinal Surgery. But all I wanted was the Orthopedice doctor to fix my broke right shoulder. But according to the doctor's if I keep falling down or have a acciden. that I would damage my neck and would be paralyzed. So the doctor's

Sent me back to Hutchins Unit to talk it over with my provider. Doctor Orig, had all the information and was telling me to go ahead and have the surgery. So I went back to John Sealy.

Right there the doctor's had me resign and transfer to Wayne Scott Unit, the old Retriave Unit in Angleton, TX. SO that I would be closer to the Hospital. On October 13. 2015 the day of the emergency surgery. I remember what the doctor's said, I didn't have nothing to worry about! That they perform this surgery all the time. When I open up my eyes! My body was numb! I couldn't feel nothing! I couldn't move! I Started crying, that's when the doctor's came in my room. They started examine me, pecking and feeling on my body. They asked me did I feel anything. I told them no! On 10.14.15 the doctor's started me on therapy. The therapist came in my room moving my arms and legs they asked me what did I feel. "nothing!" and after that day until 10.18.15 when I got moved to TCU, The therapist Jeremy S. Stovall, (OT) and Rhonda Kurtz (PT) was showing me how to seat up in bed and learning me how to balance my self. They even tried to help me walk. The therapist would put a belt around my waist, and help holding me up, and moving my legs and arms. But the problem was I couldn't feel the floor or nothing! I tried very hard every day to move my legs. After the therapist see that I couldn't walk, they started learning me how to use a wheel Chair. But I was still having problems. I couldn't urinate on my on. So the doctor's put a Foley inside me, and believe me it did help. But in the back of my mind I didn't know what was wrong with me. Next I was

Dr's charge and sent to ICU Unit on a stretcher for assisted living. And on 10.20.15, 10.21.15 The doctor's ran some more test and there finding was I had a infection inside the structure. There where infection fluid collection at the C4-C6 laminectomy site. and the Same day Doctor Ebrahim Mustafa Mogri and Doctor Todd's maset personally examined me for assesment and recommendation in his note's. He also personally reviewed the MRI C-spine, which Show's a large fluid collection exerting mass effect. He said this is most likely the cause of the patients symptoms, which a report some L Side facial numbness. And Doctor Maynard on 12.10.15 Postsurgical Changes of posterior laminectomies and fusion from the C4 to C6 levels. There has been interval development of an infection fluid collection at the laminectomies which exerts mass effect on the dorsal canal resulting in Severe Spinal Canal stenosis from the C3 to C6 levels. Doctor Maynard said in the MRI finding of Chord Compression Secondary to fluid collection in the Cervical spine. that the Patient is unable to move his lower Bilateral Extremity and now is paraplegic. On 12.11.15 the doctors went back and made some more test and their notes that Status post-C4-C6 laminectomy and fusion on 10.13.15 Has had progressive lower extremity weakness and now is paraplegic the fluid signal intensity noted Centrally with the mild thoracic spinal Cord. This finding were discussed with Doctor Ortega Barnett neurosurgeon from Duruma M. MD findings The postsurgical Changes of posterior laminectomy and fusion from C4 to C6 levels. identify fluid collection causing mass effect on the dorsal Spinal Canal

At C3 to C6 levels persists differential Consideration include Seroma versus hematoma infection remaining a possibility. That there is questionable abnormal signal noted at C5 level that is extreme, by Marie Devon D. vito MD, and personally interpreted by Harthikram Raghuram MD agree with the above report.

12.11.15 has had progressive lower extremity weakness, now is paraplegic. The fluid signal intensity noted centrally with the middle back thoracic spinal cord. This finding were discussed with Doctor Ortega Barnett neurosurgery from Rajkumar M. MD. 12.15.15 Lumbar puncture, I was explained risks including Spinal head aches, hematoma, infection, etc.

And benefits of lumbar puncture. I sign a Consent for a lumbar puncture. It was performed in a standard fashion.

I was instructed to lie flat for 3 hours, by Allison Zain MD Neuro Surgeon. But between 12.15.15 thru 12.18.15 I had

Some more doctor's came to me waited me to sign for another Consent to do a different Lumbar puncture test.

To shot Dye in my spinal cord. I remember talking to the doctor's. I told the doctor's I will do what ever it take to walk again. I was taking to this Big room in the Hospital with a lot of big machines. The doctor's had me on the table laying flat. While the doctor's were getting ready for the procedure. A man in a business suit ran in the room yelling at the doctor's to stop the procedure. The doctor's told the man in the business suit that I sign a Consent to have this Lumbar puncture with Dye perform. The man in the business suit said if the doctor's shot that

dye in my spinal Cord, and if it shows that the Surgery was the Cause of me being paralyzed. That they are at fault. To take me back to my room. So the doctor's Stopped the Lumbar puncture with Dye. and the officer's took me back to my room. But when I got on my floor The nurse's and other officer had all my property waiting. took me down stairs and put me on a Van, and I was discharge 12.22.15. Later 2.11.16 I was transferred to Jester 3 medical unit with some medical pass for a wheel Chair of my own a cush and every thing I need, that I did not get. I didn't understand!! I talked to the provider at Jester 3 about me going back, to keep trying so that I Can walk again. Doctor Friedman, Said after looking at my medical records and examin my neck and looking at my X-rays after Surgery he said It won't happen any time soon. But I kept trying to go back But the doctor's at Hospital Galveston at John Sealy didn't want to see me no more. I got Called to a DMS where I talked to a person that he Said he ~~po~~ represent the doctor's, that IF I have Any thing to Say to talk to my provider on my unit. He told me too times in the Interview. nothing else. I asked Doctor Friedman can I get my shoulder work on! He told me I Shadn't get no Surgery! He Said look what happen to me when I had Surgery on my neck. Doctor Friedman, Said It's all on the Computer what they d.d to me. That when I heard after

6  
that day that the lumbar puncture performed with  
out any definitive cause for patient's symptoms  
Signs could be MS vs. LGD. diagnoses: paralysis of  
both lower limbs, Zain Allison MD. Unable to move B/E,  
Numbness from about T10 down, No Babinski's, No clonus,  
No hyperactive reflexes. So I filed a Step 1 Grievance  
about the doctors didn't wanted to see me again.

1-4-16. I was put on the chain to go back to  
Hospital Galveston to see the doctors but when  
I got there the Nurse said there was a mistake  
that I was seeing The GI doctors. I was put  
in a room and a RN nurse came and talked to me,  
asking what did I want. I asked her was it about  
the GI doctor. She said no. But what did I  
wanted. I told her I wanted to walk again to keep  
trying. If not, I would like my own wheel chair, cushioning  
seat, all the things that a Paralyzed person would need.  
even pain med's to stop the pain in my neck and head.  
She said she would go back to the doctors and tell them.  
When I got back to Jester 3 doctor Friedman seen  
me. and said there nothing I can do. 4-7-16 I got  
pulled out of my wheel chair on Jester 3 unit by a  
offender and broke my right hip. I stayed in Ad Seg  
for 15 days doctor Friedman got me a van and had  
me took to Hospital Galveston to have it fix. The doctors  
couldn't believe my hip was broke until X-Rays. I went  
thru surgery and the doctors put 3 long rods thru my  
hip, or thru the right leg bone to my hip. The doctors

did a good job on my hip. 8.19.17 for no reason on  
 a Saturday between 11:30 pm and 13:40 Am, I was on  
 Cain and transferred from Jester 3 Medical Unit to  
 Holliday Transfer Unit. The medical Staff at Jester 3  
 told me that the doctors at Hospital Galveston at  
 John Sealy had me resign to Transfer Unit. Where  
 there no assistance with daily living here. There's  
 no 24 hour medical Staff on Call, for emergency's.  
 There is no ADA housing or utility, (Showers) (Sinks)  
 (Handicapped toilets), (living area), (housing area), (bunk's to  
 sleep on), (mattress), (No place to store property), (tables to eat  
 your meals). & There is a Step 1 Grievance about this  
 problem. It is the intent of Texas Department of Criminal  
 Justice to comply with the Americans with Disabilities Act  
 (ADA) and a referral to Assistive Disability Services (ADS). The  
 8.20.17 I was transported and rushed to the Emergency  
 Hospital. 9.1.17 I was Ad Seg. by medical cause of the  
 emergency to the Hospital with no showers but 3. days.  
 had to take a bath in a sink at that was hard to  
 do when your paralyzed.



By me reading my medical records of what happen, from the first time I fell down until the day of the operation. The professional doctor's know there where changes in my spinal cord. They kept a records of comparison of date's. The professional doctor's could have save me from being paralyzed. "Why did the professional doctor's waited so long!" And could the professional doctor's give me some medication first to take the swelling down before the operation. I wouldn't have neck surgery on my patient if I knew his spinal cord was swelling. I would give him medication first to take to reduce's the swelling before the surgery.

Sign's the day of the Emergency Spinal Surgery, I have broken my right hip. My head and neck hurt's with pain every day. without pain medication. My ear ring all the time, It hard to hear. I have lost some feeling in my mouth where It hard to taste food. I broken some teeth cause I can't tell how hard I chew. I have a electric shock that fly's + thru my body. that I can not control my muscle movement. Muscle Cramps, muscle twithing, weakness in body and hands. Have difficulty speaking and swallowing. My life, traumatic Change, living independently, to assisted living, paralyzed in a wheel Chair.

"Look upon me, and be merciful to me,"  
as you are for those who love your  
name. (ps 132.)

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WED 25 OCT 2017M

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